

DISADVANTAGED BUSINESS ENTERPRISE (DBE)
SELECTED PRIME CONTRACTOR/RECIPIENT

ENTITY NAME		CONTRACT NO. OR SPECIFICATION NO.	
PROJECT DESCRIPTION		PROJECT LOCATION	
PRIME CONTRACTOR DBE INFORMATION			
DBE Qualifying Status: <input type="checkbox"/> NONE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> OTHER DBE		NAME AND ADDRESS (Include ZIP Code, Phone)	
AMOUNT OF CONTRACT \$		Federal Employer Tax ID #	
SUB-CONTRACTOR DBE INFORMATION			
DBE Qualifying Status: <input type="checkbox"/> NONE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> OTHER DBE		NAME AND ADDRESS (Include ZIP Code,)	
<input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUPPLIER/SERVICE		
AMOUNT OF CONTRACT \$		PHONE	
WORK TO BE PERFORMED			
DBE Qualifying Status: <input type="checkbox"/> NONE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> OTHER DBE		NAME AND ADDRESS (Include ZIP Code)	
<input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUPPLIER/SERVICE		
AMOUNT OF CONTRACT \$		PHONE	
WORK TO BE PERFORMED			
DBE Qualifying Status: <input type="checkbox"/> NONE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> OTHER DBE		NAME AND ADDRESS (Include ZIP Code,)	
<input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUPPLIER/SERVICE		
AMOUNT OF CONTRACT \$		PHONE	
WORK TO BE PERFORMED			
TOTAL DBE AMOUNT:		\$	
SIGNATURE OF PERSON COMPLETING FORM:			
TITLE:	PHONE:	DATE:	

NOTE: Negative reports (those with no DBE's listed) are required. Original signature and date are required. Failure to complete and submit this form with the bid or proposal will cause the bid to be rejected as non-responsive.